

**PRICE PROPOSAL FORM**

**Department of General Services** \_\_\_\_\_ **Project No. DGS-CE-001**  
**STATE OF MARYLAND**  
**Division of Procurement & Logistics**  
**301 West Preston Street, Room M-7**  
**Baltimore, Maryland 21201**

Gentlemen:

We hereby submit our price proposal for:

**COORDINATING ENTITY FOR CERTIFIED SHELTERED WORKSHOPS SELLING ENTITY**

Having carefully examined the Request For Proposal, dated September 21, 2004, including

Addenda Numbered \_\_\_\_\_

and having received clarification on all items of conflict or upon which any doubt arose, the undersigned proposes to furnish all labor, materials and equipment called for by the said documents, for the stipulated fee percentage of:

**PERCENTAGE:** \_\_\_\_\_ %

It is understood that the percentage stated above will be firm for a time period of ninety (90) calendar days from the proposal opening date and that if the undersigned be notified of acceptance of this percentage within this time period, the offeror will execute a contract which will bind the offeror to said percentage for the term of the contract.

It is understood that the stated percentage will be applied to the total contract amount of each State contract awarded in accordance with the State Finance and Procurement Article, Title 14-101/14-108 and COMAR 21.11.05, as the offeror's administrative fee, to be paid by the Provider awarded each contract..

Failure to properly and completely fill in all blanks may be cause for rejection of this bid.

\_\_\_\_\_  
CONTRACTOR LICENSE NO.

\_\_\_\_\_  
DATE OF ISSUANCE

\_\_\_\_\_  
PLACE OF ISSUANCE

\_\_\_\_\_  
FEDERAL EMPLOYER IDENTIFICATION NO.  
(OR SOCIAL SECURITY NO. IF NO F.E.I.N.)

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**INDIVIDUAL PRINCIPAL**

FIRM NAME: \_\_\_\_\_

SIGNED: \_\_\_\_\_  
(SIGN & PRINT PRINCIPAL'S NAME)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

IN THE PRESENCE OF  
WITNESS: \_\_\_\_\_

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**PARTNERSHIP PRINCIPAL**

NAME OF CO-PARTNERSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

\_\_\_\_\_ AS TO BY \_\_\_\_\_  
(SIGN & PRINT PARTNER'S NAME)

\_\_\_\_\_ AS TO BY \_\_\_\_\_  
(SIGN & PRINT PARTNER'S NAME)

\_\_\_\_\_ AS TO BY \_\_\_\_\_  
(SIGN & PRINT PARTNER'S NAME)

IN THE PRESENCE OF  
WITNESS: \_\_\_\_\_

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**CORPORATE PRINCIPAL**

NAME OF CORPORATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ATTEST:

BY: \_\_\_\_\_

(CORPORATE SECRETARY)

BY: \_\_\_\_\_

(SIGN OFFICER'S NAME & TITLE)

BY: \_\_\_\_\_

(PRINT OFFICER'S NAME & TITLE)

AFFIX CORPORATE SEAL